



City of Riverside, California
Personnel Policy and Procedure Manual

Approved:

Human Resources Director

City Manager

Number: I-12 Effective Date: 07/02

SUBJECT: REQUESTING VOLUNTEERS

PURPOSE:

To establish a procedure for utilization of volunteers by City Departments.

DEFINITIONS:

A volunteer is a person who donates hours of service to the City for civic, charitable, or humanitarian reasons, without promise, expectation, or receipt of compensation for services rendered, except for reimbursement for expenses, reasonable benefits, and nominal fees, or a combination thereof. A person is not a volunteer if the person is otherwise employed by the City to perform the same type of services as those for which the person proposes to volunteer.

POLICY:

The Human Resources Department shall establish and maintain, as needed, lists of qualified volunteers to enable departments to complement their paid municipal labor force and to assist in the common purpose of accomplishing the established City of Riverside goals and objectives. Departments shall not request volunteers to substitute, supplement or replace any vacancy of paid municipal personnel.

As a complement to the paid municipal labor force, volunteers shall augment the labor supply by serving as additions to, or extensions of, existing personnel. The services of the volunteer shall enhance or facilitate service delivery.

Volunteer activities in municipal government shall include, but are not limited to: the participation of citizens in the direct delivery of service to others; citizen action groups; participation in self-help and mutual aid endeavors; and a broad range of informal helping activities.

All Departments are invited and encouraged to recruit potential volunteers for their divisions. However, with the exception of the Police, Public Utilities, Library and Museum Departments, it is the primary responsibility of the Municipal Volunteer Program to recruit volunteers.

Departments wishing to complement their existing personnel or request the temporary assistance of a volunteer, having determined if it is an ongoing need requiring a regularly scheduled volunteer or a one-time short term project, shall complete a Volunteer Request Form No. MVP.2. An electronic e-mail message or memo is acceptable, in lieu of a Volunteer Request Form No. MVP.2, as long as the needs are specific; i.e., length of the project, skills required, days needed, and type of project.

Requests should be submitted at least one (1) week prior to the date needed. Departments are not required to accept any or all of the volunteers referred to the Department. All volunteers should be referred back to the Human Resources Department if the talents and skills of the volunteer will not work well for the department or the project. Municipal Volunteer Services shall then reassign the volunteer to another position that better suits the individual. The City is not required to designate any person as a volunteer.

Departments shall be responsible for identifying work space and ensuring necessary equipment and materials are available for the volunteer's work assignment. All volunteer supervisors are responsible for completing a Volunteer Agreement Form No. 131-139 R-2, providing an orientation and tour of the work area, and training of the volunteer. The Municipal Volunteer Coordinator shall send to the departments a copy of the Volunteer Profile Card identifying the name and pertinent information of the volunteer who will be filling the request. All volunteers under 18 years of age must have a parent/guardian signature on the Volunteer Profile Card and submit a Consent for Medical (Form No. 1210.028 R-1). Background checks for volunteers working with children and the Police Department shall be coordinated with the affected departments when applicable.

In accordance with City Policy, volunteers are not eligible to drive City-leased or owned vehicles, with the exception of Police volunteers. In the event that the volunteer is required to drive his/her personal vehicle for performing an activity, the volunteer shall provide proof of insurance and obtain an addendum naming the City of Riverside as an additional insured. If a volunteer is involved in a non-injury motor vehicle accident in his/her own vehicle while performing his/her volunteer duties, the volunteer shall follow the same accident reporting procedures used by regular staff.

Accident and safety guidelines and procedures which apply to regular staff members shall also apply to volunteers. Policies prohibiting discrimination and harassment, and other standards of conduct which apply to regular staff members, shall apply to volunteers.

All volunteers shall be registered in the Human Resources Department and be covered through the City's Workers' Compensation Program. Utmost care should be taken to ensure that volunteers are not working in hazardous situations. It shall be the Department's responsibility to instruct volunteers in the proper use of tools and equipment. Volunteers have the same obligations as regular employees to cooperate with and follow the rules and regulations of the department and the City.

Departments shall be responsible for ensuring that all volunteers sign in and out on the Municipal Volunteer Time Sheet (Form No. 131-123 R-3). Time sheets are to be submitted to the Human Resources Department no later than the 5th working day of each month. These records are required for monthly reports and Workers' Compensation claims. All Time Sheets are required to be signed by both the volunteer and the supervisor.

On completion of the volunteer's assignment, all departments shall forward an Evaluation (Form No. 131-140 R-2) for each volunteer who has assisted in the service delivery project. The evaluation will be used by the Municipal Volunteer Coordinator as a tool to measure how the program is progressing and to identify if specific volunteers will be used for the same type of projects in the future.

Special One-time Group Volunteer Projects

The application process for special one-time group projects is different from the standard process. Each Department should submit a Special Project Summary Sheet which lists the name, address and telephone number of the volunteer along with their recorded time in and time out. Attached to the Special Project Summary shall be a signed Consent Form for minors of each underage participant.

PROCEDURE:

<u>Responsibility</u>	<u>Action</u>
Requesting Department	1. Prepares a Request for Volunteer Form MVP.2 and submits to the Municipal Volunteer Coordinator in the Human Resources Department.
Municipal Volunteer Coordinator	2. Approves the request ensuring that the volunteer does not substitute, supplement or replace any paid municipal personnel.
Municipal Volunteer Coordinator	4. Contacts requesting department to review applicants from existing volunteer list and refers potential candidates from screening criteria. <u>or</u> 5. Recruits for a qualified candidate as needed. Forwards a copy of the Volunteer Profile Card to the Volunteer Supervisor and, if applicable, a copy of the Consent for Medical (Form No. 1210.028 R-1) if volunteer is under the age of 18.
Requesting Department	6. Completes a Volunteer Agreement (Form No. 131-139 R-2) and forwards original to the Human Resources Department. Provides an orientation and tour of the work area, trains and introduces the volunteer to the work unit.
Requesting Department	7. Submits all Volunteer Time Sheets (Form No. 131-123 R-3) by the 5 th of each month.
Requesting Department	8. On completion of the volunteer's assignment, forwards an Evaluation (Form No. 131-140 R-2) to the Municipal Volunteer Coordinator in the Human Resources Department.

Attachments:

1. Request for Volunteer Form No. MVP.2
2. Consent for Medical Form No. 1210.028 R-1
3. Volunteer Profile Application
4. Volunteer Agreement Form No. 131-139 R-2
5. Volunteer Time Sheet Form No. 131-123 R-3
6. Evaluation Form No 131-140 R-2

CITY OF RIVERSIDE
MUNICIPAL VOLUNTEER PROGRAM

REQUEST FOR VOLUNTEER SERVICES

Please complete a separate form for each request. **Return to: Human Resources Dept
Volunteer Program**

Department _____ Division _____

Address of volunteer assignment _____

Supervisor _____ # of volunteers required _____

Description of volunteer assignment (Be as detailed as possible) _____

Background required (ie; skills, education) _____

of hours per week required by position _____ Length of assignment _____

Starting Date: _____

Please indicate the days and times volunteers will be needed:

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Start							
End							
Total							

Signature: _____ Phone _____ Date _____

ACCIDENT/INJURY
**AUTHORIZATION FORM TO CONSENT TO THE MEDICAL/
SURGICAL TREATMENT OF A MINOR**

Pursuant to California Family Code Sections 6902 and 6910, I the undersigned, parent and or

legal guardian of _____ whose date of birth is _____

Do hereby authorize medical and or surgical treatment by a State of California licensed Medical Doctor (M.D.) And or a State of California licensed Hospital and or a licensed Hospital Emergency Room and or a Private Practice Office operated by a State of California licensed Medical Doctor (M.D.), duly certified and licensed and or their representatives as agent(s) for the undersigned to consent to any x-ray, laboratory, anesthetics, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of a licensed Medical Doctor (M.D.) per the provisions of the Medical Practice Act and who is on the staff of the accredited hospital, whether such diagnosis or treatment is rendered at the office of the treating physician or at an accredited hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority, consent and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his Medical and Surgical judgement may deem advisable.

In addition you are authorized to release and or to receive any and all medical records and or related medical information pertaining to and or aiding in the treatment rendered the (Minor) named above with regards to the (Minor/Minor's) Industrial Accident/Injury.

Dated: _____ Signed: _____
Parent or Legal Guardian

Dated: _____ Signed: _____
Witness Signature

In case of emergency, please notify:

Name _____ Relationship _____
Address _____ City _____ Zip _____
Telephone _____



**CITY OF RIVERSIDE
MUNICIPAL VOLUNTEER PROGRAM**

**Human Resources Department
3780 Market Street
Riverside, CA 92501**

Dept/Div _____

Date Assigned _____

Date Terminated _____

Volunteer Profile

Please complete this profile in as much detail as possible so that a volunteer assignment can be made to match your needs, abilities and schedule. You will be contacted as volunteer assignments become available.

NAME _____
Please Print

Student ___ Retired ___ Intern ___ Other ___

ADDRESS _____
Number Street

☐ Male ☐ Female

City Zip Code

S.S. # _____

PHONE _____
Home

Message _____

Do you have a valid California Driver's License? Yes ___ DL # _____ No ___

Check the areas below in which you have skills and/or interests:

☐ Audio-visual
☐ Bldg. Maintenance
☐ Clerical
☐ Graphic Arts
☐ Receptionist

☐ Grounds Maintenance
☐ Special Activity Aide
☐ Sr. Nutrition Program
☐ Mechanical Maintenance
☐ Word Processing

☐ Program Assistant
☐ Recreation Helper
☐ Report Writing
☐ Other (Please explain)

IN CASE OF EMERGENCY:

1. _____ PHONE # _____

2. _____ PHONE # _____

PHYSICIAN OR HOSPITAL TO CALL IN AN EMERGENCY:

_____ PHONE # _____

PLEASE PRINT -- This information will be detached from your profile card and used for research and statistical purposes only.

YOUR NAME: (Last) (First) (M.I.)			SOCIAL SECURITY NO.:	
ETHNIC BACKGROUND: (See reverse side for definition) Choose the one (ONLY ONE) ethnic group with which you most closely identify yourself. <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander or Alaskan Native			SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	
DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No If there is any reasonable accommodation necessary, contact the Personnel Department at 782-5808.			AGE GROUP: <input type="checkbox"/> Under 40 <input type="checkbox"/> Over 40	
			How did you hear about the volunteer program? <input type="checkbox"/> Radio/TV Station: _____ <input type="checkbox"/> Personnel Office <input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> City Employee <input type="checkbox"/> Magazine: _____ <input type="checkbox"/> Job-Line <input type="checkbox"/> Other: _____ <input type="checkbox"/> Friend/Relative	

Briefly list other work experience: _____

List skills, hobbies or interests related to the volunteer work you desire: _____

List at least two (2) local references (employer, teacher, neighbor):

1. _____
Name Address City/State/Zip Phone

2. _____
Name Address City/State/Zip Phone

3. _____
Name Address City/State/Zip Phone

Have you ever been convicted of a felony? (Conviction does not necessarily disqualify you for a volunteer assignment.) _____ Yes _____ No

If yes, please list offense, date, city and state: _____

Indicate languages other than English which you speak fluently: _____

Check the times that you are available to volunteer:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Hrs. Per Week
Morning								
Afternoon								
Evening								

Signature of Volunteer _____ Date _____

Under 18 years old must have Parent or Guardian Consent.

Parent or Guardian Signature _____ Date _____

City of Riverside
MUNICIPAL VOLUNTEER PROGRAM
VOLUNTEER AGREEMENT

This form constitutes an agreement between _____ Volunteer
and _____
Department Division

THE VOLUNTEER AGREES TO BE AVAILABLE:

HOURS		DAYS OF WEEK						
FROM	TO	SUN	MON	TUE	WED	THU	FRI	SAT

Assignment Start Date: _____ End Date: _____

for the following assignment (general description) _____

As a Volunteer, I realize I am representing the City of Riverside during my assigned hours. It is my responsibility to understand, agree with and fulfill the following:

1. Be courteous with the public in their request(s) for information and services.
2. Accept training, guidance and supervision provided by my staff supervisor.
3. Perform duties to the best of my ability, and inform my supervisor when time or knowledge may be insufficient to complete the assigned task.
4. Maintain and exhibit a neat and clean appearance as a Volunteer representing the City.
5. Sign in and out on the time sheet provided, and inform my supervisor or his/her staff when unable to report to assignment or of intent to resign.

As a supervisor of the above named Volunteer, I understand and agree to the following:

1. To provide orientation to the Volunteer as it pertains to respective assignment(s).
2. To utilize the Volunteer's time effectively and have assignments prepared for the Volunteer at his/her scheduled time.
3. To arrange a flexible assignment as it meets the needs of the department and the Volunteer.
4. To notify the Volunteer in advance if services are not needed at a particular time or day.

It is understood by both parties that this agreement and assigned tasks are negotiable. In the event of any changes, please contact the Programs Coordinator at 782-5396.

Volunteer's Signature _____

Date _____

Supervisor's Signature _____

Date _____

Phone: _____

AGREEMNT.FRM
131-139R3

Distribution:

Supervisor - Original
Volunteer - 2nd Copy
Programs Coordinator - 3rd Copy - Human Resources Department

CITY OF RIVERSIDE

MUNICIPAL VOLUNTEER PROGRAM

VOLUNTEER TIME SHEET

VOLUNTEER: Fill in the time sheet each time you volunteer. Submit it to your supervisor on the last working day of the month.

SUPERVISOR: At the end of the month, send white copy of completed form to Human Resources Dept.

Volunteer's Name _____ Month _____ Year _____

Dept _____ Div _____ Center _____ Branch _____

DATE	TIME IN	TIME OUT	TOTAL HOURS		DATE	TIME IN	TIME OUT	TOTAL HOURS
1					16			
2					17			
3					18			
4					19			
5					20			
6					21			
7					22			
8					23			
9					24			
10					25			
11					26			
12					27			
13					28			
14					29			
15					30			
					31			
Total Hours for Month								
Evaluation = Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>								

Signature of Volunteer _____ Signature of Supervisor _____

**CITY OF RIVERSIDE
MUNICIPAL VOLUNTEER PROGRAM
VOLUNTEER'S EVALUATION OF ASSIGNMENT**

Your responses to the following inquiries would be appreciated. Completion of this form will assist the City in its implementation of the Volunteer Program. Please return this form to the Volunteer Program Coordinator, Personnel Department.

NAME: _____ ASSIGNMENT: _____

SUPERVISOR: _____ LENGTH OF SERVICE: _____

DEPARTMENT: _____ DIVISION: _____

Please describe your volunteer assignment(s) in this program: _____

1. Have the experiences in your volunteer assignment:

a. Met your expectations of the position? Yes ☐ No ☐

b. Enabled you to use your skills and abilities? Yes ☐ No ☐

c. Provided opportunities for you to learn new skills? Yes ☐ No ☐

2. Do you feel that your services have been valued by the department, citizens, and others with whom you have come in contact? Yes ☐ No ☐

3. Are you interested in future assignments? Yes ☐ No ☐

Comments: _____

4. What did/do you like most about your volunteer assignment? _____

5. What did/do you like least about your volunteer assignment? _____

6. Do you have any suggestions for improving the volunteer program? _____

7 Other comments: _____